

# **DOWNTOWN MAIN STREET PROGRAM**

## **The Program**

The City of Amsterdam is operating a NY Main Street grant program along East Main Street between Market and Church Streets in the City.

## **Program Description**

Funding for the NY Main Street grant program is provided by the New York State Division of Housing and Community Renewal - Office for Community Renewal. Locally, the program will be administered by the Amsterdam Urban Renewal Agency. The program provides grants for property owners to rehabilitate facades, commercial spaces, and residential units on upper floors of mixed use buildings. The goal of the program is to revitalize traditional Main Streets, including historic preservation, create a pedestrian friendly environment, and spur commercial and residential redevelopment of these areas. The City of Amsterdam was awarded a \$500,000 grant under this program.

## **Financial Assistance**

The program will provide a grant up to \$30,000 per commercial space and up to \$30,000 per apartment for renovation costs. The maximum grant that any one property can receive is \$120,000. Property owners must provide a minimum of 25% of project costs. The program is aimed at major capital investment in properties, this is not a "building repair" program.

## **Program Regulations**

The work on the exterior of the buildings must be completed according to historic standards, including the Secretary of Interior's Guidelines for Historic Preservation. All project plans will be submitted to the NY State Office of Parks, Recreation and Historic Preservation for review and approval prior to initiation of any construction activities. The owner must also agree to a 7 year lien on the property, which restricts the owner's right to make alterations that would destroy the historic character of the building, and require that the grant be repaid if the building is sold within the 7 year period. Any vacant housing units must be rented to tenants who meet income guidelines.

## **Application Procedures**

To apply for the Downtown Main Street Program, the owner must fill out the application on the following pages. In addition, the owner must provide the information indicated below.

- \_\_\_\_\_ Deed or Land Contract (Must Be Filed with County Clerk)
- \_\_\_\_\_ Owner's Insurance Certificate and Proof of Payment
- \_\_\_\_\_ Receipts of Tax Bills and Proof of Payment
- \_\_\_\_\_ Documentation of Income for any Residential Tenants, Including Any of the Following: Tax Return, Pension Award Letter, W-2, Social Security Release, Support Agreement, etc,
- \_\_\_\_\_ Tenant Income and Rent Certification (If Applicable)

## **For Further Information**

For further information about the Downtown Main Street Program, contact the Urban Renewal Agency at the following address and phone number:

Amsterdam Urban Renewal Agency  
City Hall  
Church Street  
Amsterdam, New York 12010

Telephone: 843-5190  
Fax: 841-4381  
Email: [amst.ura@gmail.com](mailto:amst.ura@gmail.com)

**CITY OF AMSTERDAM  
DOWNTOWN MAIN STREET PROGRAM  
APPLICATION FORM**

Owner/Applicant Name:

Owner/Co-Applicant Name:

Address of Owner:

Phone Number:

Address of Property to be Improved:

Current Occupancy of the Building:

First Floor:

Occupant or Tenant Name:	Type of Tenant: <input type="checkbox"/> Commercial, <input type="checkbox"/> Residential
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Occupant or Tenant Name:	Type of Tenant: <input type="checkbox"/> Commercial, <input type="checkbox"/> Residential
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Occupant or Tenant Name:	Type of Tenant: <input type="checkbox"/> Commercial, <input type="checkbox"/> Residential
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Second Floor:

Occupant or Tenant Name:	Type of Tenant: <input type="checkbox"/> Commercial, <input type="checkbox"/> Residential
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Occupant or Tenant Name:	Type of Tenant: <input type="checkbox"/> Commercial, <input type="checkbox"/> Residential
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Occupant or Tenant Name:	Type of Tenant: <input type="checkbox"/> Commercial, <input type="checkbox"/> Residential
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Third Floor:

Occupant or Tenant Name:	Type of Tenant: <input type="checkbox"/> Commercial, <input type="checkbox"/> Residential
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Occupant or Tenant Name:	Type of Tenant: <input type="checkbox"/> Commercial, <input type="checkbox"/> Residential
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Occupant or Tenant Name:	Type of Tenant: <input type="checkbox"/> Commercial, <input type="checkbox"/> Residential
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Work Desired by Property Owner:


Are You Under Indictment or Currently Serving a Sentence For Any Criminal Act under State, Federal, Or Local Law ? ~ Yes ~ No If Yes, Provide Details:


Do You Have Any Open Judgements or Liens Against Your Property, Other Than A Mortgage ? ~ Yes ~ No If Yes, Provide Details:


Race (indicate for owner )(optional)

~ White ~ Black ~ Asian or Pacific Islander ~ American Indian or Alaskan Native ~ Hispanic

I/We certify that all information and documentation in this application, for assistance under the Main Street Program is true and complete to the best of my/our knowledge and belief. I/We further certify that I/We own the property described in this application, and that all funds will be used only for the work and materials as set forth in the attached work description. If the City of Amsterdam Urban Renewal Agency determines that the funds will not or cannot be used for the purposes described herein, I/We agree that the funds shall be returned and acknowledge that, with respect to such funds so returned, I/We shall have no further interest, right or claim.

The applicant grants URA the right to independently verify any or all of the information supplied herein, and understands that Amsterdam Urban Renewal Agency may refuse to approve the application or may revoke any loan commitment made if there is any material misrepresentation in the application, including the attachments hereto.

I/We further understand that URA will not be held liable to fund any costs incurred for the proposed improvements prior to the approval of this application. I/We agree to abide by all regulations of the New York Main Street Program. I/We further agree that Amsterdam Urban Renewal Agency may verify credit history of the applicant.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Note: Knowingly providing false information on this application may be prosecuted as a criminal offense under the Laws of the State of New York.**

**THIS SECTION TO BE FILLED OUT BY AMSTERDAM URBAN RENEWAL AGENCY ONLY:**

Property Qualifies ~ Yes ~ No

Documentation Has Been Provided As Follows: (Check Off)

~ Deed or Land Contract ~ Proof of Owner Insurance  
~ Proof of Paid Taxes ~ Proof of Occupant or Tenant Income, if Applicable

Application Reviewed by Official:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments:

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**AMSTERDAM URBAN RENEWAL AGENCY**  
**DOWNTOWN MAIN STREET PROGRAM**  
**DOCUMENTATION LIST**

THE FOLLOWING ITEMS MUST BE PROVIDED BY THE PROPERTY OWNER IN ADDITION TO FILLING OUT THE 2 PAGE APPLICATION FORM ATTACHED:

- \_\_\_\_\_ DEED OR LAND CONTRACT (MUST BE FILED WITH COUNTY CLERK)
- \_\_\_\_\_ OWNER'S INSURANCE CERTIFICATE AND PROOF OF PAYMENT
- \_\_\_\_\_ RECEIPTS OF TAX BILLS AND PROOF OF PAYMENT
- \_\_\_\_\_ INCOME CERTIFICATION FORMS FOR ALL RESIDENTIAL OCCUPANTS  
(Form Attached)

**AMSTERDAM URBAN RENEWAL AGENCY  
OCCUPANT OR TENANT CERTIFICATION**

Name: _____	
Address: _____	
Unit Number or Location: _____	
Is Unit <input type="radio"/> Occupied or <input type="radio"/> Vacant ?	Number of Persons in Unit _____
Number of Bedrooms in Unit: _____	
Is the Head of Household Elderly ?	<input type="radio"/> Yes <input type="radio"/> No
Is the Head of Household Handicapped ?	<input type="radio"/> Yes <input type="radio"/> No
Is the Head of Household a Female ?	<input type="radio"/> Yes <input type="radio"/> No
Amount of Rent per Month:	\$ _____
Does the Rent Include Utilities ?	<input type="radio"/> Yes <input type="radio"/> No
Total Household Income per Year	\$ _____
Indicate Ethnic Information (optional)	<input type="radio"/> Hispanic <input type="radio"/> Non-Hispanic
Indicate Racial Information (optional)	<input type="radio"/> White <input type="radio"/> Black <input type="radio"/> Asian or Pacific Islander <input type="radio"/> American Indian or Alaskan
I hereby certify that the above information stated above is true and correct.	
_____ Tenant Signature	_____ Date
To be Filled Out One Year After Rehabilitation is Completed.	
Occupant or Tenant Name:	Number of Persons in Household: _____
Amount of Rent (Monthly): \$ _____	Household Income: \$ _____
I hereby certify that the above information stated above is true and correct.	
_____ Tenant Signature	_____ Date
To be Filled Out Two Years After Rehabilitation is Completed.	
Tenant Name:	Number of Persons in Household: _____
Amount of Rent (Monthly): \$ _____	Household Income: \$ _____
I hereby certify that the above information stated above is true and correct.	
_____ Tenant Signature	_____ Date